

2016 SUMMER TENNIS PROGRAM

At Sunset Park Tennis Courts

Ages 4-6, 7-12, 13+ (As of 6/1/16)

**Athletics Office** Phone: 252-972-1160 Fax: 252-972-1685

It is the policy of the City of Rocky Mount not to discriminate on basis of race, sex national origin, disability, age, creed, color or religion

# **REGISTRATION DEADLINE:** June 3rd, 2016

Mission Statement:

To advance the quality of life by providing positive, inclusive experiences through people, parks, and programs

## **Coming This Summer:**

Rocky Mount Parks and Recreation has a partnership with NC Wesleyan (NCWC) and the tennis program.

Tennis lessons and programs will be overseen by Head Coach Dustin Hale. Instruction will be provided by NCWC players.

## NCWC Tennis Highlights

- Nationally Ranked each of the past 8 years
  - ♦ 5 All Americans
- 8 Time Defending Conference Champions
  - 2010 NCAA Regional Champions
  - 6 NCAA Sweet 16 Appearances

Participant's Name	MF A	geBirth Date
Mailing Address	City	Zip Code
Primary Phone#	Mother's Name	Mother's Cell #
Email	Father's Name	Father's Cell #
Special Needs:(optional)	Last Year's Team	

### **Summer Session**

Starts June 7 Ends June 30

Tuesdays and Thursdays 4-6 yr olds - 4-4:45pm 7-12, 13+ yr olds - 4:45-6pm

**Registration Fees** 

City Resident \$36.00 Non City Resident \$54.00

**Online Registration** 

For more information visit

our website

www.rockymountnc.gov/parks

Register for Activities

#### REFUND POLICY

100% refund/credit/transfer if Department cancels program or facility rental. 85% refund if participant requests 5 days in advance of program start date or two weeks prior to rental date. 100% fee transfer to another P&R program at time of withdrawal. Refunds for medical reasons requested prior to program start date and/or rental and subject to verification granted 100%. NO REFUND if participant's request falls within 5 days of program start date or within two weeks prior to rental

## TOTAL AMOUNT PAID \$

**Payment Options:** 

**Money Order / Credit Card / Check** 

Card #

Exp. Date Signature

(For Credit Card Payment ONLY)

Check/Money Order #\_\_

Receipt #

Make checks and M/O payable to: **CITY OF ROCKY MOUNT** 

Code #

NO CASH ACCEPTED!

### **HOW TO REGISTER:**

#### In person at the following **facilities**

Monday-Friday 8:30am-5:00pm:

RM Wilson Gym (311 Hill St) City Hall Parks & Rec Admin Of-

fice (3rd Floor)

#### Mail completed form and mail payment to:

City of Rocky Mount Attn: Lynn Driver, Athletics Division PO Box 1180 Rocky Mount, NC 27802-1180

IN CONSIDERATION of my participation in the 2016 Youth Tennis (the "Activity") sponsored by the City of Rocky Mount, I, for myself, my heirs, executors, administrators, personal or legal representatives, successors and assigns, hereby agree to:

CITY OF ROCKY MOUNT RELEASE. INDEMNITY, ACKNOWLEDGEMENT AND ASSUMPTION OF RISK

(i) RELEASE, WAIVE, FOREVER DISCHARGE and COVENANT NOT TO SUE the City of Rocky Mount, its elected officials, officers, employees, and agents (collectively the "City") from any and all claims, losses, damages, or liability (present and future), on account of injury to my person or property, including injury resulting in my death, arising out of, or in any way connected with, my participation in the Activity, including, without limitation, to the extent permitted by law, any claim, loss, liability, or damage related (directly or indirectly) to acts or omissions (negligent or otherwise) of the City; and

(ii) INDEMNIFY, DEFEND and HOLD HARMLESS the City from and against any and all claims, losses, liability, and damages (present and future) and all costs, charges, and fees (including reasonable attorneys fees) related thereto, arising out of, or in any way connected with my participation (or the participation of the minor identified below) in the Activity or connected with the participation of anyone participating in the Activity under my auspices or with my implied or express consent, including, without limitation, to the extent permitted by law, any claim, loss, liability, or damage related (directly or indirectly) to acts or omissions

I understand that participation in the Activity involves the risk of injury or death, and by executing this Release, Indemnity, Acknowledgement and Assumption of Risk (this "Release"), I acknowledge and assume all risk of injury or death resulting from participation in the Activity

I further agree that if any term or provision of this Release, or the application thereof, to any person or circumstance shall, to any extent, be deemed invalid or unenforceable, the remainder of this Release, or the application of such term or provision, to person or circumstances other than those to which it is held invalid or unenforceable, shall not be affected thereby, and each term and provision of this Release shall be valid and enforceable to the fullest extent permitted by law.

I have carefully read this Release and have executed the same voluntarily adopting the word "SEAL" after my name as my seal.

THIS DOCUMENT RELEASES YOUR RIGHT TO MAKE A CLAIM IF YOU HAVE AN ACCIDENT OR ARE INJURED. DO NOT SIGN IT UNLESS YOU HAVE READ IT AND UNDERSTAND IT FULLY.

PHOTO RELEASE STATEMENT— Pictures or video clips may be taken while participating in City of Rocky Mount Parks & Recreation programs. If you do not concur, please call 252-972-1151.

(SEAL) Date: \_ Signature of Parent/Guardian **Please Print Name**